

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
If more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in  
order of birth stated.

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 162  
Registered No. 213

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Globe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Eleanor Jane Edmonson { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., In order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth 9-23-26 Month Day Year

8. FATHER Full name Lloyd Cecil Edmonson 14. MOTHER Full maiden name Velma Viola Carson

9. Residence (Usual place of abode) Globe Arizona 15. Residence (Usual place of abode) Globe Arizona  
If non-resident, give place and state.

10. Color or race white 11. Age at last birthday 24 (Years) 16. Color or race white 17. Age at last birthday 19 (Years)

12. Birthplace (city or place) New Mexico 18. Birthplace (city or place) Globe Arizona  
(State or country)

13. Occupation Nature of industry Office clerk. 19. Occupation Nature of industry Housewife.

20. Number of children of this mother 1 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 9:20 P. m. on the date above stated  
(Born alive or stillborn.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Signature A. W. Adams Physician (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Globe, Arizona Month, day, year \_\_\_\_\_ Filed 9-30 1926 M. H. Horst Registrar

555-923-535